

Sanguinetti & Co. Insurance Brokers

7337 Pacific Avenue, Stockton CA 95207-1924

Fax: (209) 954-0800 or (877) 577-1722

Email: info@sanguinettico.com

APPLICANT				
NAME (MUST BE EXACTLY AS IT IS ON BOND)		SOLE PROPRIETOR	CORPORATION	PARTNERSHIP
BUSINESS STREET ADDRESS	BUSINESS PHONE ()	Fax ()		
CITY		ST	ZIP	
Name:	Title:	Spouse's name:	Prior Bond Co.	
Soc. Sec. No.	D.O.B. / /	Spouse's Soc- Sec: No.		
HOME ADDRESS		Home phone		
CITY		ST	ZIP	
Real Estate Owned	Mortgage	Securities owned		

Has applicant ever; (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or been liened by a taxing authority? Yes ___ No (If yes to any of the above, attach a full explanation.)

BOND REQUIRED	
Type of bond:	
Amount:	Effective Date:
To be filed with (Obligee)	
Address:	
PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (I.E. BOND FORMS, APPLICABLE STATUTES AND PERMITS, COURT)	

ADDITIONAL OWNERS OR PARTNERS AS REQUIRED	
NAME:	SPOUSE'S NAME:
Soc. Sec. No.	Spouse's Soc. Sec. No.
Home Address:	Phone:()

BUSINESS INFORMATION	
DATE BUSINESS ESTABLISHED:	
NAME & BRANCH OF BANK:	Bank Reference:
Account No:	Bank Balance: Line of Credit \$
Number of years experience in this field	

Please provide your Email: _____

ALL PREMIUMS ARE EARNED IN FULL

Sanguinetti & Co. Insurance Brokers

7337 Pacific Avenue, Stockton CA 95207-1924

Fax: (209) 954-0800 or (877) 577-1722, Email: info@sanguinettico.com

AGREEMENT OF INDEMNITY

The undersigned and each of them hereby certify that the statements contained herein are true, and are made to induce the SURETY (herein called Surety) to execute or continue the suretyship described herein and authorize SURETY to confirm bank balances and all other items which appear in said statement In consideration of the execution by SURETY of the suretyship herein applied for. I (we) agree:

1. To pay to SURETY upon demand:
 - (a) All loss and expense, including attorneys' fees, for which SURETY shall become liable by reason of such suretyship, whether or not SURETY shall have paid such loss and expense at the time of demand:
 - (b) The annual premium for such suretyship until satisfactory evidence of termination of liability shall be furnished to SURETY.
 - (c) All attorneys' fees and costs incurred by SURETY in enforcing this agreement.
 - (d) An amount sufficient to discharge any claim against SURETY by reason of such suretyship. This sum may be used to pay such claim of be held by SURETY as collateral security against loss.
2. SURETY shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
3. An itemized statement of loss and expense incurred SURETY, sworn to by an officer of SURETY, shall be prima facie evidence of the fact and extent of my (our) obligation to SURETY.
4. SURETY may procure its release from said suretyship under any law for release of sureties without liability to me for any damage I sustain therefrom.
5. That this agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.
6. That if this suretyship is given in connection with lost instruments or securities, and such lost instruments come into my possession at any time, I will, at my own cost and expense deliver or cause such said securities to be delivered to SURETY.
7. A representative of SURETY may at any time examine any assets held in trust under this suretyship, and SURETY may, at its option, exercise joint control or joint custody with me over such assets.
8. That if said suretyship is cancelable this agreement may be terminated, upon written application to SURETY, only by written notice from SURETY stating when such termination will take effect
9. A photocopy or facsimile of the signatures will be as binding as original signatures
10. All premiums are fully earned upon issuance of 1st year or renewals, unless prohibited bylaw.

Signed and dated this _____ day of _____ A.D. 20
SIGNATURE OF APPLICANT FOR BOND

if sole proprietorship, owner should sign; if partnership, all partners must sign; if corporation, president must sign, with signature attested by corporate secretary under corporate seal; all individual applicants should sign.

FIRM NAME

SIGNATURE

X _____
Attest Corp Sig

X _____
PRINT NAME & TITLE

in consideration of the execution by SURETY of the bond herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement

SIGNATURE OF PERSONAL INDEMNITORS

PRINT NAME OR NAMES

PRINT NAME OR NAMES

X _____ <-
INDEMNITORS SIGNATURE

X _____
INDEMNITORS SIGNATURE

X _____ <-
SPOUSE'S SIGNATURE

X _____
SPOUSE'S SIGNATURE

PLEASE SIGN IN BOTH PLACES ONCE FOR THE FIRM
ONCE AS INDIVIDUAL INDEMNITOR

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR BONDS CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Fax to: (877) 577-1722. Or E-mail to: bonds@sanguinettico.com
 Or Mail to: Sanguinetti & Co. Ins., 7337 Pacific Avenue, Stockton CA 95207-1924

AMERICAN CONTRACTORS INDEMNITY COMPANY

PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

**To induce COMPANY to become surety for the Undersigned, or to accept
 the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement**

Personal financial statement of _____ SS. NO. _____
 (Name)

(Street Address, City, State, Zip)
 HOME PHONE NO. () _____ BUS. PHONE NO. () _____

NAME OF SPOUSE _____

AS OF _____
 (Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	
.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable (Schedule 3)	Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)	
.....	
.....	Current Year's Income Taxes Unpaid	
.....	Prior Year's Income Taxes Unpaid	
.....	Real Estate Taxes Unpaid	
.....		
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)	
.....	
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)	
.....	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____
 S.S. No. _____ Date of Birth _____

Signature _____
 S.S. No. _____ Date of Birth _____

Date Signed _____, _____.